acs CLINICAL CONGRESS news

SAN FRANCISCO, CALIFORNIA | 61ST ANNUAL CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS | TUESDAY, OCTOBER 14, 1975

Test Tells Heart Valve Faults

A laboratory method of testing the capability of heart valves to withstand fatigue has been developed at Washington University, St. Louis. The accelerated fatigue heart tester spots wear defects in a fraction of the time that they would be observed in the human body.

Richard E. Clark, MD, FACS, associate professor of surgery, recommended yesterday that prosthetic heart valves be subjected to testing for durability before they are put on clinical trial. In this way, valves with poor durability may be eliminated and clinical replacement of prosthetic valves will be prevented, he said.

Despite the fact that this is a valuable tool, Dr. Clark emphasized that it cannot replace in vivo testing.

"In the past 15 years, a wide variety of artificial heart valves have been introduced into clinical medicine", he said. "Inasmuch as the heart beats approximately 40 million times a year, the choice of materials and construction are of paramount importance if the device is to withstand the hostile environment of the body and the enormous mechanical demands. "In the past 15 years, valve failures (requiring replacement) have not been infrequent".

The fatigue tester developed at Washington University works by accelerating water flow through the valve at the rate of 2,000 cycles a minute. A computer-driven, time-lapse photographic system records where the initial wear begins and its growth with time. A single frame of film is exposed each hour and each frame is sequenced at 1/24th of the valve cycle. When the developed film is projected at 24 frames a cycle, one complete cycle per second is seen, representing 24 hours of testing.

Dr. Clark said results to date have demonstrated that the device "will fatigue clinically available heart valves in a rapid manner and that the type of fatigue obtained appears to correlate with that seen in clinical failures".

Dr. Clark considers it "fortuitous" that tests have shown that one widely-used valve becomes worn in one sector at about a three-year time equivalent. A silicone leaflet valve tore along one of its attachments, a finding that corresponds to reports of clinical failures. On the other hand, a particular prosthesis using pyrolite carbon discs shows no significant fatigue for ten-year time equivalents.

ACS BOARD OF REGENTS has recognized George D. Zuidema, MD, FACS, right, for the study and preparation of the Study on Surgical Services for the United States (SOSSUS). Dr. Zuidema, professor and director of the Department of Surgery at Johns Hopkins University School of Medicine, headed the SOSSUS committee. Joining ACS director C. Rollins Hanlon in presenting the plaque to Dr. Zuidema are Charles W. McLaughlin, Jr., left, ACS president, and Dr. Frank E. Stinchfield, chairman of the ACS Board of Regents.

Scudder Oration Today

"The Role of Leadership in the Quality of Fracture Care" will be the topic of the Scudder Oration on Trauma, which will be delivered by Sawnie R. Gaston, MD, FACS, this afternoon starting at 1:30 in War Memorial Auditorium I.

Dr. Gaston, former associate professor of clinical orthopaedic surgery, College of Physicians and Surgeons, Columbia University, New York, has been actively involved in the field of trauma throughout his professional career. He has served as both secretary and president of the American Association for the Surgery of Trauma, and is a former cochairman of the Sub-Committee on Publications of the ACS Committee on Trauma, which produced the 400-page *Early Care of the Injured Patient.*

He is a member of the Executive Committee and former chairman of the College's New York and Brooklyn Regional Committee on Trauma, and is the author of a number of articles on the treatment of injuries. He is a member of the American Association for the Surgery of Trauma and a number of other medical societies.

A native of New Haven, Connecticut, Dr. Gaston earned a PhB from Yale University, and the MD, cum laude, from Yale University School of Medicine. He trained at St. Luke's Presbyterian, and Bellevue Hospitals in New York.

The Scudder Oration on Trauma is named after Dr. Charles Scudder of Boston, one of the first trauma surgeons. The American College of Surgeons traditionally invites an outstanding surgeon in the field of trauma to deliver the lecture.

TV to Relay Operations To Congress Audience

Color television that will originate at the Fort Miley Veterans Administration Hospital will be telecast live directly to Polk Hall in the Civic Auditorium beginning at 10:30 this morning.

Communication between the operating surgeon and the audience will be possible via a moderator who will be located in Polk Hall. A panel at the hospital will also be available to comment on the procedure and to answer questions.

The first scheduled procedure will be a parathyroidectomy, to be performed by Orlo Herrick Clark starting at 10:30 and running until noon.

Beginning at 1:30 Wesley S. Moore will perform a carotid endarterectomy and at 3:30 Jerry Goldstone will perform a splenectomy.

A videotape of the splenectomy will be run Wednesday at 8:30 and the parathyroidectomy at 3:30, also on Wednesday.

A complete listing of all scheduled television programs, including a listing of moderators and panelists begins on page 101 in the official program.

The telecasts are sponsored by Roche Laboratories of Nutley, New Jersey. The program was planned under the direction of Lawrence W. Way, MD, FACS, local chairman, 1975 Committee on Television; Jack W. Cole, MD, FACS, national chairman; and Marion C. Anderson, MD, FACS, alternate chairman.

THE MESSAGE CENTER, located in Brooks Hall, is the medium for getting together with friends and acquaintenances. Messages can be left and picked up from 8:00 am until 5:00 pm. Two of the first to leave messages are William A. Jones, MD, FACS, of Chicago Heights, Ill., front, and Michael Oddi, from Silver Springs, Md., a surgical resident at Walter Reed Hospital.

Ciné Clinic Films Have 26th Show

The Ciné Clinic program, which this year is observing its 25th anniversary, will begin today starting at 8:30 am in the Main Arena of the Civic Auditorium.

These specially prepared teaching films portray exceptional surgical advances and were produced through the cooperation of Davis & Geck. The authors, who were selected in their area of expertise by the ACS Committee on Medical Motion Pictures, will be present to narrate their films.

Rupert B. Turnbull, Jr., MD, FACS, will serve as moderator for the six films to be shown today.

A listing of films, authors, and discussants is on page 105 in the Congress program.

Liability Insurance To Be Discussed By Morning Panel

A state insurance commissioner, the professor of law who has propoed extending no-fault insurance to the medical liability problem, an attorney, and the College's consultant on professional liability will take "A New Look at Professional Liability" this morning, beginning at 8:30 in the Grand Ballroom of the Fairmont Hotel.

The three-hour panel will begin with a presentation on "The Tort System and the Alternatives" by William V. Nick, MD, JD, FACS. Dr. Nick, who is also a consultant to the National Commission of Insurance Commissioner, has been the ACS consultant on professional liability since May of this year.

Stephen E. Lawton, Washington, D.C. attorney, will discuss, "Is There a Reason for a Federal Approach?", followed by Lester L. Rawls, insurance commissioner for the state of Oregon, who will speak on "The Role and Influence of State Insurance Commissioner".

The final panelist is Jeffrey O'Connell, professor of law, University of Illinois, Urbana, whose topic is, "Can No-fault be Adapted to and Implemented for Medical Professional Liability?"

C. Rollins Hanlon, MD, FACS, ACS director, will moderate the panel.

Registration Facts

As of 5:00 pm Monday

Doctors	10,833
Ladies	4,194
Exhibitors	1,710
Visitors	576
Press, staff & aids	150
TOTAL	17,463

Surgically Implanted Coils Can Monitor Heart's Activity

Miniature "markers" inserted in a patient's heart during surgery can monitor the progress of heart function for the rest of the patient's life under a new system developed by researchers at Stanford University School of Medicine, Stanford, California.

Edward B. Stinson, MD, associate professor of cardiovascular surgery, described the technique yesterday during the Forum Session on Cardiovascular Physiology.

Dr. Stinson said that the method developed by the Stanford group consists of implanting small metal coils at strategic points in the patient's heart muscle, then examining the heart with x-ray video disc pictures from time to time to determine how each segment of the heart is working, how much blood is being pumped, and the contraction time of the muscles.

The coils are about the diameter of a needle, and about 1.5 millimeters long. They are made of tantalum, an inert material that can be left in place for a lifetime. A three-second sequence of x-ray pictures in combination with video monitors and computers can analyze the motion of the markers and provide a sensitive method for assessment of function.

By comparing one set of photos with another, surgeons can tell in advance of other indications whether the heart is getting larger or smaller, if rejection of a transplanted heart is occurring, and how fast improvement or deterioration is occurring.

Over the past 19 months, markers have been implanted in 23 patients who received heart transplants, and 20 patients who underwent coronary artery bypass grafts and valve replacement operations. In those of the transplant group who incurred epiodes of acute graft rejection, the marker helped make it possible to observe the rejection early enough to successfully reverse it with immunosuppressive drugs.

TWO FIELD SURVEYORS of the ACS Commission on Cancer, Irwin Schulz, MD, FACS, (left) and G. Russell Wright, MD, FACS, are retiring this week after serving as surveyors since 1967. Together with a number of registry consultants, the field surveyors are available for site visits to hospitals to survey, evaluate, and approve hospital cancer activities programs. Participation by the hospitals is voluntary, and approval is given according to standards established by the Commission on Cancer.

Kidney transplants

Find recipients can be free of arteriosclerosis

A finding that long-surviving kidney transplant recipients can be significantly free of arteriosclerosis was presented yesterday. In contrast, an unusually high incidence of arteriosclerosis is found in patients on dialysis and is the most common cause of death among these patents.

The findings were reported by Francis T. Thomas, MD, assistant professor of surgery; Charles H. Wilson, MD, resident in surgery; and Hyung M. Lee, MD, FACS, professor of surgery, the Medical College of Virginia. They said about 50 Richmond kidney transplant patients are entering their second decade of survival and others have lived as long as 13 years.

Analysis of survival factors shows a normal blood pressure and a normal level of fats in the blood. Of 47 patients surviving more than nine years, only six percent of deaths were due to arteriosclerotic complications, and clinical evidence of arteriosclerosis was evident in 17 percent. Seventy-two percent of patients dying three to six years after renal transplantation had normal blood pressure. Serum triglycerides were elevated in only 24 percent of long-surviving patients and serum cholesterol, in only six percent.

"Successful renal transplantation can, to some degree, reverse the accelerated arteriosclerosis of renal failure", the authors said.

Both the United States and European dialysis registries and studies of long-term survivors on dialysis show a high rate of renal failure. After ten years on dialysis more than 50 percent of dialysis patients in a series in Seattle had clinical arteriosclerosis and almost one of every three patients died of arteriosclerotic complications.

The mean age of the Richmond group at time of transplantation ten years ago was 32.2 years, just slightly less than the mean age of the Seattle group. The data suggest that the kidney transplant recipients entering the second decade show no trend toward an increasing rate of clinical arteriosclerosis or arteriosclerosis-related death rate.

Forms for 1976 Congress motion pictures available

Surgeons who wish to have their medical pictures shown at one of the motion picture exhibitions during the 1976 Clinical Congress (in Chicago, October 11-15) are requested to submit specific information concerning the film(s) and the author(s) to the Committee on Medical Motion Pictures of the American College of Surgeons before January 15, 1976.

Forms for recording such data are available from the College on request, and must be returned to the College on or before January 15, 1976. The films may be sent with the required forms or they may be sent separately; however, the film(s) must be received at College headquarters in Chicago before March 3, 1976.

Submission of the form indicates that the principal surgeon will be available during the 1976 Clinical Congress for personal narration of the film if it is accepted for showing.

Copies of the required forms are available from ACS (*55 East Erie Street; Chicago, Illinois 60611*). Or they may be picked up in person Monday through Friday between 8:30 am and 5:00 pm from Claudia Delestowicz of the ACS staff in Room 101 of the Civic Auditorium.

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How to submit research papers for '76 Forum

Investigators who wish to present papers at the Forum on Fundamental Surgical Problems to be held during the 1976 Clinical Congress in Chicago (October 11-15) are requested to submit abstracts of the paper to the Surgical Forum Committee before March 13, 1976.

A guide containing detailed instructions on preparing and transmitting abstracts will be published in the January 1976 issue of the BULLETIN of the American College of Surgeons.

The three primary considerations applied by the Committee for the Forum on Fundamental Surgical Problems are quality, geographic representation, and a balanced program. Of these criteria, quality is clearly important. Selection is achieved entirely through the review of abstracts of papers reporting original work performed by young surgical investigators.

Tibia fractures

Immediate weight-bearing can reduce infection rate

Having patients walk immediately after treatment has reduced the infection rate in leg fractures, according to a report presented yesterday.

Ernst Dehne, MD, FACS, professor of orthopaedic surgery at Texas Technical University Medical School, El Paso, said that a combination cast and brace permits immediate weight bearing on the acutely fractured thigh bone. Healing time is similar, ten to 12 weeks, as standard treatment, but only a third as long as putting the leg in traction.

"Weight-bearing treatment of tibia fractures does not accelerate healing but if weight-bearing is deprived, recovery is delayed", said Dr. Dehne. "The main benefit of the approach, however, lies in avoiding complications, specifically infection".

Dr. Dehne said the treatment was started after World War II because of the large number of infected compound fractures among soldiers that resulted in hospitalization as long as 50 months and occasionally an amputation.

"Even if the legs finally recovered, the men on top of them were lost", he said. "It was slowly realized that those patients had little or no opportunity to bear weight between surgical procedures. Once that had sunk in, the problem of infection dissolved. Compound fractures, infected fractures, and even fractures with bone exposed healed readily under weight-bearing management".

Sets of News can be mailed

Set of the five issues of the *Clinical Congress News* can be mailed after the Congress free of charge to the homes or offices of registrants requesting them, or to their colleagues.

Those who wish to take advantage of this offer are asked to order the sets at the office of the *News* (Anza Room, Hilton) or by phoning 441-2006.

Or, copies can be picked up each morning at the Hilton, Fairmont, or St. Francis hotels or at the registration area in Brooks Hall.

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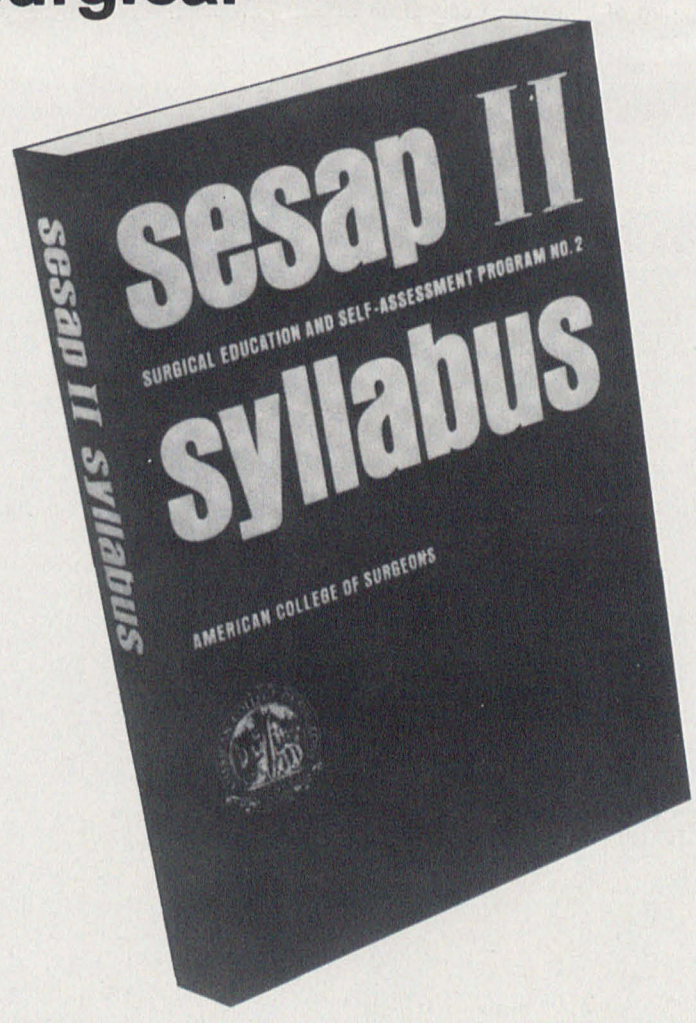

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BOOTH 8a
MAIN FOYER, CIVIC AUDITORIUM

Presentation of Papers To Begin This Morning

The first of two papers sessions scheduled this week will be presented this morning at 9 o'clock in Larkin Hall, Civic Auditorium. The second papers session will be presented Thursday.

Mohamad H. Parsa, MD. FACS, Shiraz, Iran will present the first paper, "Intravenous Feeding in the Management of Gastrointestinal Fistulae". This will be followed by, "Changing Concepts in Exchange Transfusion", to be presented by J. David Lewis, MD, FACS, Milwaukee, Wis.; "Mass Screening for Breast Disease: Results, Problems, and Expectations", by Gordon F. Schwartz, MD, FACS, Philadelphia, Pa.; and "Results of Treatment of Primary Carcinoma of the Lung—Analysis of 3,000 Cases", which will be presented by William Stanford, MD, FACS (Col., MC, USAF).

The remaining papers are: "Endoscopic Control of Active Upper Gastrointestinal Bleeding", to be presented by Walter D. Gaisford, MD, FACS, Salt Lake City, Utah; "Evaluation of Splenectomy in Chronic Myeloid Leukemia and its Blastic Crisis", by M. S. Didolkar, MD, FRCS (Eng), Buffalo, N.Y.; and "The Effect of Fundodoplication on the Lower Esophageal Sphincter: Mechanical or Physiological", presented by F. Henry Ellis, Jr., MD, FACS, Boston, Mass.

The reports presented during the papers sessions have not been previously presented or published. Basic research findings are presented during the Surgical Forum sessions.

List Trauma Courses

A series of continuing education courses in trauma for physicians, sponsored by the Committee on Trauma of the American College of Surgeons in cooperation with departments of surgery in medical schools and with ACS state trauma committees, will be held throughout 1975 and 1976 in a number of locations.

The purpose of the courses is to offer a comprehensive program of continuing education in the definitive treatment of the seriously injured. The courses are designed to enhance the knowledge and skills of physicians who are first confronted with such patients in rural, suburban, and urban hospitals.

The courses scheduled thus far are: Cleveland, Ohio—*November 13-15;* Seattle, Wash.—*December 3-5;* Winston-Salem, N.C.—*January 22-24;* Tampa, Fla.—*March 18-20;* Boston, Mass.—*May 3-5;* and Springfield, Ill.—*May 6-8.*

Further information is available from the ACS Trauma *Division; 55 East Erie Street, Chicago, Illinois 60611.*

Twenty-Two Films to be Shown In 14-Hour Marathon Today

Medical motion pictures, in four chunks spread over 14 hours, begin this morning at 8:30 and continue until 10:30 this evening. The first segment of seven films—Diagnostic Aids in Gynecology and Obstetrics—starts at nine in Ballroom VI of the Hilton.

Twenty-two films in five categories make up the Ophthalmic Surgery program, which begins at 8:30 in the Hilton's Continental Parlor North. The five categories are: Cataract Surgery and Ptosis, Intracapsular Cataract Surgery, Combined Cataract and Glaucoma Surgery, Paco-emulsification, and Intraocular Lenses.

In the afternoon, starting at 1:30 in Larkin Hall of the Civic Auditorium, a ten-film General Surgery program will be presented.

In the evening, the Ballroom of the St. Francis, the popular Symposium on Spectacular Problems in Surgery will offer 16 different films.

First-named authors (titles and authors for all segments begin on page 113 of the official program) will be present to narrate their films.

THOMAS C. KING, MD, FACS, reviews an editorial which he wrote about the SESAP II Syllabus for the latest issue of Contemporary Surgery. Dr. King is a member of the ACS Committee on Continuing Education which met Monday. Also present for the meeting were Harold A. Zintel, MD, FACS, ACS assistant director and Cathy Hickey, secretary to Dr. Zintel.

130 Surgeons Sharpen Their Writing Skills

While their colleagues were still en route to San Francisco this past weekend, some 130 surgeons were already gathered at the St. Francis Hotel to attend the first continuing education course held as part of the Clinical Congress. Entitled "The Medical Message: Reason and Rhetoric", the Sixth Annual Course in Scientific Communication offered a comprehensive program designed to help physicians improve their writing skills.

The course, however, had begun long before it opened with the presentation of a paper on "The First Step: Surveying Present Knowledge". In June, participants had been asked to submit to the course director a sample of their writing. In September, the samples, with identification of the writer removed, were distributed among the participants. They were asked to analyze their colleagues' writing so that, during the course, the writer would obtain a review of his or her writing skill (or lack of it) not only from the workshop moderator, an experienced editor, but also from his colleagues.

Besides the workshops, which were devoted to a thorough, sentence by sentence, paragraph by paragraph analysis of the samples submitted, the course offered 16 plenary sessions consisting of lectures on the fundamental principles of good scientific writing, and of practical exercises. Topics of the lectures covered all steps in the composition of a scientific paper, from title and first draft to the actual editorial process employed by a medical journal in preparing a manuscript for publication.

At the conclusion of each day, editors of prestigious medical and surgical journals faced the participants to answer questions about the editorial policy of their publications, the review process for a manuscript submitted for publication, and similar subjects of interest to potential authors.

The faculty consisted of Lois DeBakey PhD, professor of scientific communications, Baylor College of Medicine, Houston, course director; Selma DeBakey, professor of scientific communications at the same institution; Robert Moser, MD, past editor of the *Journal of the American Medical Association* and Clinical Professor of Medicine, University of Hawaii College of Medicine, Maui; M. Therese Southgate, MD, deputy editor, *JAMA;* Samuel Vaisrub, MD, senior editor, *JAMA;* Richard Warren, MD, FACS, chief editor, *Archives of Surgery;* and Heinz Kuehn, director of communications, American College of Surgeons.

It is requested that smoking be limited to hallways and areas adjacent to scientific meeting rooms (where not prohibited by fire department regulations) and that no smoking occur in the meeting rooms before or during a presentation.

PLACING OF THE CENTERPIECES puts the final touch in the Hospitality Lounge for wives and guests at the Fairmont Hotel. The lounge is open from 8:00 am to 5:00 pm through Thursday and until noon on Friday. Chairmen of the hospitality committee are Mrs. Edwin G. Bovill, Jr., left, and Mrs. F. William Heer.

Cryoprobe Technique Freezes Out Cancer

A cryoprobe that freezes tissue on contact has been used successfully at the Mayo Clinic, Rochester, Minnesota, to treat patients with inoperable lung cancer, according to a report presented Monday.

According to Areyh Gorenstein, MD, resident in surgery, a reduction in the size of the tumor was achieved in five of six patients.

Dr. Gorenstein said the technique of cryosurgery can be used to treat poor-risk patients whose ventilatory capacity is inadequate for surgery or to reduce the tumor bulk and improve the airway in those with recurrent cancer.

The 22-inch, copper-tipped tube fits into a bronchoscope. The cryoprobe has nitrogen circulating in it in a closed system. When the copper tip comes in contact with the nitrogen, it lowers its temperature and transmits this cold to the tissue, effecting a freeze and destroying the tissue.

The probe tip is maintained at temperatures 170 degrees below zero (centigrade). The site is frozen three times, for two minutes each time, and allowed to thaw spontaneously. Iceballs of 2.5 to 3 centimeters in diameter are formed as the tissue is gradually destroyed.

In animal studies, Dr. Gorenstein and his co-authors, H. Bryan Neel, III, MD, staff consultant in ear, nose and throat, and David R. Sanderson, MD, staff consultant in thoracic diseases, have shown that destruction of the tissue is localized and followed by prompt regeneration of the lining of the airway. The gross architecture of the airway is not altered permanently to a great degree, and no blockages occur in the lung's tubular structure.

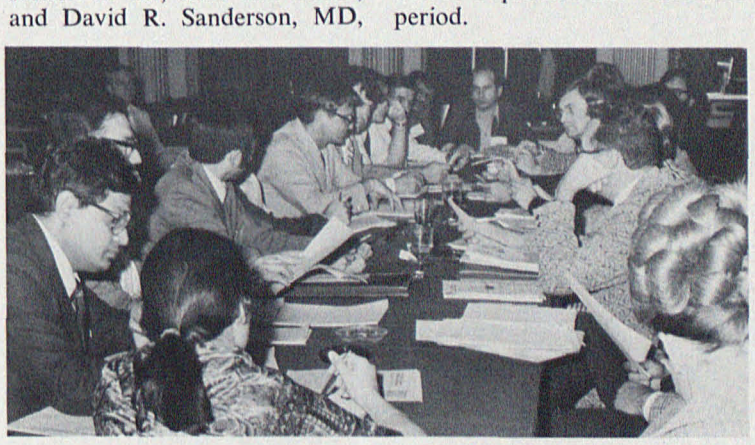
Session To Focus On Sepsis

The hidden killer of the trauma patient — sepsis — will receive special attention for two and one-half hours this afternoon starting at 2:30 when the trauma symposium holds forth in War Memorial Auditorium I.

John H. Davis, MD, FACS, will moderate the annual symposium, and the following topics will be discussed:

What the patient has in his defense: Andrew W. Munster, MD, FACS. The con artists of the trauma victim—bacteria and fungi: John F. Burke, MD, FACS. How to trap the killer—wound care and antibiotic therapy: Thomas J. Krizek, MD, FACS.

Following the presentations will be a question and discussion period.



PARTICIPANTS in the course on scientific communication discussing samples of writing at one of the 36 workshops held during the course.

For Cancer Patients

Nutrition Boost Needed

Malnourished patients undergoing cancer treatment should have nutritional replacement in order to respond better to the therapy, a group from the University of Texas Medical School at Houston reported yesterday.

Many cancer patients have appetite and weight loss because the cancer extracts nutrients at a rapid rate while drug treatment or radiation produce loss of appetite, including nausea and diarrhea. "Thus a vicious cycle results", the group said, "a malnourished cancer patient whose only hope of cure or relief is a treatment that also produces malnutrition. Only a limited amount of malnutrition is tolerated by the human body before death results".

Adequate nutrition can be attained in the patient before and during treatment through hyperalimentation. Malnourishment can be determined by skin tests of the immune system. Little or no reaction is observed when on antigen (foreign substance) is injected into the skin of a malnourished cancer patient.

"Intravenous nutritional replenishment can convert the weakly reactive, malnourished patient into an adequately nourished, strongly reactive patient, and hopefully return to the body one of the best defense mechanisms against the cancer cell", reported Edward M. Copeland, MD, FACS, associate professor of surgery, University of Texas Medical School, Houston.

They reported on 47 cancer patients requiring nutritional replenishment by vein. Of 23 patients receiving chemotherapy, 17 skin-tested negative for immune competence. After an average of 11.4 days of hyperalimentation, 13 converted to at least one positive skin test and only those patients had a significant reduction in tumor size.

As in chemotherapy, radiation also has an adverse effect on the immune status. Of seven patients undergoing radiation, five remained negative throughout, and two converted from positive to negative skin tests even though all received adequate nutritional repletion. "Possibly we should attempt to make immunocompetent during radiation therapy by both nutritional repletion and immunotherapy", the investigators observed.

Eight surgery patients converted to or remained skin positive and had uncomplicated recovery. Three other surgical patients failed to convert to positive immune tests and one other reverted to negative after surgery.

Lungs Last 24 Hours In Solution

Preservation of lungs for transplant has been extended to 24 hours using a special chemical solution, a team of investigators from Albert Einstein College of Medicine, Bronx, N.Y., reported yesterday.

Robert Crane, PhD, assistant professor of surgery (bio-engineering), evaluated the function of dog lungs preserved in a modified Collins-Sacks solution containing a number of chemical compounds. Five dogs from whom the lungs were removed survived five to ten days solely on the function of the transplanted lungs, and six others survived one to four days.

"The results suggest that lungs preserved by this method can be maintained out of the body up to eight to 24 hours and then be transplanted successfully", reported Dr. Crane. "It appears that these lungs can provide function equal or superior to that of nonpreserved transplant".

Experiments are continuing to determine if there is increased susceptibility to infection or an atypical form of blood-deprived lung damage.

AND THEY'RE OFF AND RUNNING—almost—as the barricade goes down Sunday noon at Brooks Hall and registration and postgraduate ticket sales begin. The burden of registration was made easier, compared to three years ago, by the addition of advance registration desks at three hotels.

Congress Participants Make (Televised) News

Would you like to be on television? Chances are you may appear on the tube. All of San Francisco's major television stations have extensively covered the opening day of the Clinical Congress—from exhibits to postgraduate courses—and will continue to do so.

CC activities will be shown on the News on channels 7, 2, and 4. In addition, Dr. Richard Warren, emeritus professor of surgery at Harvard, will be interviewed on channel 4 about foreign medical graduates; Dr. Eli Seifter of Albert Einstein Medical Center, will speak on channel 5 about the role of vitamin A in limiting the growth of viral-induced cancer (a Surgical Forum presentation), and Dr. William E. Crisp of St. Joseph's & St. Luke's Hospitals, Scottsdale, Ariz., will speak about complications of menopause (a PG-course topic) on channel 5.

Meetings...Meetings...Meetings...Meetings...

NOTICE: a number of medical school alumni associations and surgical societies will have information booths, open usually the day of the event, in an area adjacent to the registration area in Brooks Hall. If your group is not listed below, please check that area.

U.S. **Army** Institute of Surgical Research
5:30 — 7:30 pm
Cocktail party
Hilton, Walnut Suite

Booth Memorial Hospital of New York
7:00 pm
Reception & dinner
St. Francis Yacht Club

Boston University Medical Center Department of Surgery
6:00 — 8:00 pm
Cocktail party for past and present staff house staff, and alumni
Hilton, California Room

Brooklyn & Long Island Chapter, ACS
5:30 — 7:30 pm
Cocktail party for chapter members and friends
Fairmont, Garden Room

Cancer Hospitals Alumni (Ellis Fishel, M.D. Anderson, Memorial Sloan Kettering, National Cancer Institute, Roswell Park)
6:00 — 8:00 pm
Reception
St. Francis, Colonial Room

Chicago Medical School Alumni Assoc.
6:30 — 8:00 pm
Cocktail party
Mark Hopkins, Argonaut Room

Christian Medical Society
7:15 — 10:30 pm
Reception and dinner
Sheraton at Fisherman's Wharf (2500 Mason at the Beach)

Duke University Alumni/ Daryl Hart Society
5:00 — 7:00 pm
Cocktail party
Fairmont, French Room

Albert **Einstein**/ Bronx Municipal
6:30 — 8:00 pm
Cocktails
Wine Museum, (633 Beach St., take Hyde St. cable car)
8:00 pm
Dinner
Mandarin Rest., (Ghirardelli Sq., 2 blocks west)

Hartford Hospital Surgical Service
6:30 — 8:00 pm
Reception for friends and alumni
Fairmont, Green Room

Johns **Hopkins** University School of Medicine
5:30 — 7:00 pm
Cocktail party
St. Francis, Elizabethan C & D

Humera Society
(see Medical College of Virginia)

James IV Association of Surgeons
4:00 — 5:00 pm
Director's meeting
5:00 — 6:00 pm
Member's meeting
6:00 — 7:00 pm
Reception
Fairmont, California Room

Jefferson Medical College Alumni Assoc.
6:00 — 8:00 pm
Cocktail party
Marine Memorial Club
609 Sutter Street

Massachusetts General Hospital General Surgical Services
6:00 — 8:00 pm
Cocktail party
Fairmont, Pavilion and Foyer

Mayo Alumni Association
6:00 — 7:30 pm
Reception
Fairmont, Crystal Room

Roy D. **McClure** Surgical Alumni Association
6:00 — 8:00 pm
Meeting and cocktail party
Hilton, Continental Parlor B

Musselman Surgical Society
(see Nebraska Chapter, ACS) Surgical Section

National Medical Association
12 noon — 1:30 pm
Luncheon
Fairmont, Fountain Room

Nebraska Chapter ACS/ Musselman Surgical Society
5:30 — 8:00 pm
Cocktail party
Fairmont Cirque Room

University of **North Carolina** Medical Alumni
6:15 — 9:00 pm
Cocktail party
Hilton Continental Parlor 7

Ophthalmology
6:00 — 8:00 pm
Reception & cocktail party for all ophthalmologists and their spouses
Hilton Ballroom VI

Society of **Philippine** Surgeons in America
6:30 pm
Reception and dinner
Playboy Club
736 Montgomery St.

Ravdin-Rhoads Surgical Society
6:30 — 10.30 pm
Reception and dinner
Fairmont Fountain Room

Michael **Reese** Alumni Assoc.
6:30 — 9:30 pm
Reception and dinner (Spouses Invited, $16. per person)
St. Francis, Georgian Room

Mont **Reid** Surgical Society
7:00 — 9:00 pm
Meeting and cocktail party
Mark Hopkins, Baldwin Room

Rhode Island Hospital
6:00 — 8:00 pm
Reception
St. Francis, Oxford

James D. **Rives** Surgical Society
5:30 — 7:30 pm
Cocktail party
St. Francis, Borgia Room

University of **Rochester** Medical School
5:30 — 7:30 pm
Reception and cocktail party
Hilton, Pacific Room

Second Auxiliary Surgical Group
8:00 — 10.30 pm
Dinner
Hilton, Cypress Room

Albert **Starr** Society
6:30 — 7:30 pm
Reception
Mark Hopkins, Emerald Room
7:30 — 9:00 pm
Dinner
Mark Hopkins, Warwick Room

Temple University Medical Alumni
6:00 — 8:00 pm
Alumni reception
Hilton, Toyon Room

Tulane Medical Alumni Assoc.
6:00—8:00 pm
Cocktail party for alumni, faculty and guests
St. Francis, Elizabethan A

Upstate Medical Center Department of Surgery
5:30 — 7:00 pm
Cocktail party
Hilton, Plaza Room

Medical College of **Virginia** Humera Society
6:30 — 8:30 pm
Cocktail party
Hyatt on Union Square, Governor's Suite No. 1

University of **Virginia** Medical Alumni Assn.
6:00 — 7:30 pm
Reception
Clift Hotel
Geary and Taylor Sts.

Owen H. **Wangensteen** Surgical Education Foundation
6:00 — 10:00 pm
Reception and dinner
Fairmont, Gold Room

Washington University Medical Center Alumni
6:30 — 8:00 pm
Cocktail party
Hilton, Vista Room (45th floor)

George Washington University Medical Center
6:00 — 8:00 pm
Cocktail party
St. Francis, Olympic North + South

Washington State Chapter, ACS
7:00 — 8:00 pm
Cocktails
8:00 pm
Dinner
L'Etoile Restaurant
1075 California Street
(Advance Reservation only)

R. A. Wise Surgical Club
6:30 — 9:30 pm
Dinner and meeting
St. Francis, Essex Room

Yale University/Yale-New Haven Hospital
6:00 — 8:00 pm
Reception
Fairmont, Vanderbilt